| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004       |                                                |                                                                                            |                                        |                                                                         |                                        |                                  |        |                     | Application or Docket Number |    |                  |                        |
|-------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------|----------------------------------------|----------------------------------|--------|---------------------|------------------------------|----|------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                |                                                |                                                                                            |                                        |                                                                         |                                        |                                  |        | SMALL ENT           | п.                           | OR | OTHER<br>SMALL E |                        |
| Ų.S                                                                           | NATIONAL S                                     | STAGE FEES                                                                                 |                                        | •                                                                       |                                        |                                  |        | RATE                | FEE                          |    | RATE             | FEE                    |
| BASIC FEE                                                                     |                                                |                                                                                            | SMALL ENT                              | <b>= \$ 150</b>                                                         | LARG                                   | E ENT. = \$ 300                  |        | BASIC FEE           |                              | OR | BASIC FEE        |                        |
| EXAMINATION FEE                                                               |                                                |                                                                                            | Satisfies PCT A                        |                                                                         |                                        | ner situations = 100 / \$ 200    |        | EXAM FEE            |                              |    | EXAM. FEE        |                        |
| SEARCH FEE                                                                    |                                                |                                                                                            | U.S. is ISA = 1<br>ALL other co        | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                                        | ther situations = 250 / \$ 500   |        | SEARCH FEE          |                              |    | SEARCH FEE       |                        |
| FEE                                                                           | FOR EXTRA S                                    | PEC. PGS.                                                                                  |                                        | us 100 =                                                                |                                        | /50=                             |        | X \$ 125 =          |                              |    | X \$ 250 =       |                        |
| TOTAL CHARGEABLE CLAIMS                                                       |                                                |                                                                                            | y ni                                   | nus 20 =                                                                | •                                      |                                  |        | X \$ 25 =           |                              | ÖR | X \$ 50 =        |                        |
| INDEPENDENT CLAIMS                                                            |                                                |                                                                                            | n                                      | ninus 3 =                                                               | •                                      |                                  |        | X \$ 100 =          |                              | OR | X \$ 200 =       |                        |
| MUL                                                                           | TIPLE DEPEN                                    | DENT CLAIM PR                                                                              | ESENT                                  |                                                                         |                                        |                                  |        | + \$ 180 =          |                              | OR | + \$ 360.=       | -                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |                                                |                                                                                            |                                        |                                                                         |                                        |                                  | 1      | TOTAL               |                              | OR | TOTAL            |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |                                                |                                                                                            |                                        |                                                                         |                                        |                                  | /<br>1 | SMALL E             |                              | OR | OTHER<br>SMALL E | NTITY                  |
| AMENDMENT A                                                                   |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                  |                                        | NUM<br>PREVIO                                                           | BER<br>DUSLY                           | PRESENT<br>EXTRA                 |        | RATE                | ADDI-<br>TIONAL<br>FEE       |    | RATE             | ADDI-<br>TIONAL<br>FEE |
|                                                                               | Total                                          | • ///                                                                                      | Minus                                  |                                                                         | U                                      | =                                |        | X \$ 25 =           |                              | OR | X \$ 50 =        |                        |
|                                                                               | Independent                                    | . /                                                                                        | Minus                                  | ***                                                                     | 5                                      | =                                |        | X \$ 100 =          |                              | OR | X \$ 200 =       | ·                      |
|                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                                            |                                        |                                                                         |                                        |                                  |        | +\$ 180 =           |                              | OR | + \$ 360 =       |                        |
|                                                                               |                                                |                                                                                            |                                        |                                                                         |                                        |                                  |        | TOTAL ADDIT         |                              | OR | TOTAL ADDIT.     | y.                     |
|                                                                               |                                                | (Oakara 4)                                                                                 |                                        | (Calu                                                                   | 2\                                     | (Column 2)                       |        |                     |                              |    |                  |                        |
| AMENDMENT B                                                                   |                                                | (Column 1)  CLAIMS REMAINING AFTER AMENDMENT                                               |                                        | (Colu                                                                   | EST<br>BER<br>OUSLY                    | (Column 3)  PRESENT EXTRA        |        | RATE                | ADDI-<br>TIONAL<br>FEE       |    | RATE             | ADDI-<br>TIONAL<br>FEE |
|                                                                               | Total                                          | •                                                                                          | Minus                                  | **                                                                      |                                        | a a                              |        | X \$ 25 =           |                              | OR | X \$ 50 =        |                        |
| MEN                                                                           | independent                                    | •                                                                                          | Minus                                  | ***                                                                     | ······································ | = :                              |        | X \$ 100 =          |                              | OR | X \$ 200 =       |                        |
| •                                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                                            |                                        |                                                                         |                                        |                                  |        | + \$ 180 =          |                              | OR | + \$ 360 =       |                        |
|                                                                               |                                                |                                                                                            |                                        |                                                                         |                                        |                                  |        | TOTAL ADDIT.<br>FFF |                              | OR | TOTAL ADDIT:     |                        |
|                                                                               |                                                |                                                                                            |                                        | •                                                                       |                                        | · · .                            |        |                     | ٠.                           |    |                  |                        |
|                                                                               | If the "Highest Ni<br>If the "Highest N        | umn 1 is less than th<br>umber Previously Pa<br>umber Previously Pa<br>mber Previously Pal | ild For IN THIS S<br>ild For IN THIS S | PACE is les                                                             | is then '2<br>is then '3               | 0', enter "20".<br>', enter "3". | in U   | ne appropriate bo   | c in column 1                | •  |                  |                        |